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ABSTRACT

A study was done of the social processes accompanying the integration of a program in educational administration into the clinical faculty of an education department at the University of Utah. The study examined the conflict and ambiguity that accompany change as well as the clash of professional culture between educational practice and the academy. Over 5 months, data were gathered that included unstructured observations conducted during academic faculty meetings, clinical faculty orientation and training sessions, academic and clinical faculty meetings, documents from the department of educational administration, and interviews. Data analysis followed established standards of rigor for qualitative research. The analysis also resulted in a modification of the framework with which the study started as academic department culture differed from field or practitioner orientation. Data seemed to support the findings that the department is experiencing pressures from a critical mass of newcomers, that socialization remains in the early stages, that contradictory definitions of isolation and autonomy remain strong, that research and publication hold different values for clinical and academic members, that all faculty value creativity, and that clinical faculty express greater conflict over the meaning of expertise. Included are 33 references. (JB)

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A MEETING OF THE MINDS, SO TO SPEAK
THE ORGANIZATIONAL SOCIALIZATION OF CLINICAL FACULTY[1]

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A MEETING OF THE MINDS, SO TO SPEAK
THE ORGANIZATIONAL SOCIALIZATION OF CLINICAL FACULTY[1]

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Like other professional fields, educational administration seeks to improve its preservice and advanced professional education programs in universities by utilizing expert and thoughtful practitioners as clinical faculty. This functional goal poses challenges when experienced school leaders must be integrated into an academic faculty of educational administration at a research university. The process juxtaposes two complex and powerful professional cultures (educational practice and the academy) side-by-side and throws each faculty member into a new work context fraught with the conflict and ambiguity that often accompany change. The purpose of this paper is to examine the social processes accompanying this kind of change.

The organizational culture of a university department making its mark through research and theory differ markedly from the organizational cultures of districts and governmental agencies in which school leaders routinely work. Fundamental assumptions like the nature of proof and the requirements of evidence to establish proof divide academic faculty from the world practice. The assumptions, values, and norms of clinical and academic faculty thus come sharply into contact, sometimes into conflict. Academic and clinical faculty are experienced, confident professionals whose work values have been molded by their education and professional training. Both have years of successful work experience. The interaction patterns and reward structures dominating universities shape the activities academic faculty pursue, while the demands and rewards of practice shape the professional values and assumptions of clinical faculty. The ultimate success of an advanced degree program like the

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one described in this paper here requires that some new equilibrium be reached that draws on the strengths of each major organizational environment to create a new form of organization while preserving a Department's position in the research university.

This paper examines the processes, content, and early outcomes of faculty interaction in a reconceptualized EdD degree program in educational administration at the University of Utah. We use organizational socialization theory and research to frame the analysis and examine the impacts of a new organizational configuration on new members (clinical faculty), existing members (academic faculty), and the department (the organization). Other papers examine the personnel motivation (Pounder, 1992), transaction costs (Galvin & Ogawa, 1992), and ethical issues (Newell & Sperry, 1992) surrounding this type of major reform.

Background and Framework

Program description, setting, and subjects

The paper applies organizational socialization as a theoretical framework (Jones, 1986; Turner, 1988; Van Maanen & Schein, 1979) to the analysis of the integration of practicing administrators into the role of clinical faculty. Because we conceptualized organizational socialization as an interactive process (Blau, 1967; Turner, 1990), we studied the reciprocal influence of the academic department and clinical faculty.

This study of reciprocal influence is part of a three year evaluation study of a revised EdD program in a department of educational administration. The revised program focuses on the advanced education of people to work in administrative positions in education organizations. Based on a model of professional inquiry in which knowledge in the core domains of instruction, organization, leadership, and ethics is applied to specific problems of practice, the degree program substantially alters the requirements of the EdD (See ERIC document # EA 023 607).

The faculty based its rationale for the revised EdD on a series of recommendations (National Policy Board, 1990) for reforming educational administration preparation programs

emphasizing the need to "integrate academic knowledge with reflective practice gleaned from the school setting" (p. 3). The National Policy Board on Educational Administration recommended training programs employing the services of "clinical oriented faculty" (p. 5). Despite this recommendation and a proliferation of new preparation structures, few studies have examined the impacts and effectiveness of clinical faculty in advanced administrative training.

Organizational Socialization

Socialization is simply the processes by which people acquire the knowledge, skills, and beliefs needed to perform a social role. Each time adults join new groups, they experience organizational socialization. Unlike the primary socialization of children, these secondary socialization experiences build on rich existing patterns of behavior and belief, and the fulfillment of these roles sometimes conflicts with existing professional and self-concepts. When new faculty roles are conceived and enacted, those appointed as clinical faculty, as well as existing faculty members, must engage in the "learning of social roles" (Merton, Reader & Kendall, 1957). Organizational socialization processes require the adjustment and adaptation of new members to the expectations of the group, making cooperative effort and the pursuit of common goals possible.

The socialization process becomes particularly complex when the new role is itself developing and existing preconceptions drawn from other settings compete with each other for influence. When expectations, behaviors, and beliefs are clear, new members experience powerful forces that compel them either to adapt to the new role, thrive, and develop or to abandon their aspirations in this particular setting. As new members enter organizations and social groups, they exert more or less influence. The power and character of this influence may fluctuate depending on the individual, but the group remains and the individual experience is assessed in relation to that group.

Organizational socialization presents new challenges when knowledge grows rapidly, expectations are unclear, behaviors are largely untried (even unknown), and beliefs and values conflict. "What shall we do?" is not an idle question. A society (or profession) in flux provides unstable organizational cultures as settings for action, and individuals are freed from established conventions as they appeal to new knowledge and research to support their positions.

By changing an established practice for professional preparation, departments set up experiences far more complex than established convention of rigor for academic work. Both the individual and the organization are up for grabs. Van Maanen and Schein (1979, p. 211) provide a vivid description of the motivation for experienced members of an organization to protect against changes new members might bring with them:

> [Experienced members] must . . . find ways to insure that the newcomer does not disrupt the ongoing activity on the scene, embarrass or cast disparaging light on others, or question too many of the established cultural solutions worked out previously . . . . The manner in which this teaching/learning occurs is . . . the organizational socialization process [emphasis in the original].

This pressure may be poorly understood when people are not actually "in transition from one role to another in organizations" (Hart, in press, p. 22) or in transition from one organization to another. In the present case, the transition changed major components of academic faculty roles, introduced influential new members and required that new roles be configured for them, and altered activities and rewards associated with an advanced degree. Departments in universities may be naive about the pressures for change their own work culture faces when major degree-related reforms are implemented. As all faculty make transitions into new roles while retaining full membership in their original, well-established and powerful roles, conflicts may surface.

In the redesign of an EdD degree described in this paper, this sort of transition while retaining power elsewhere and the adaptation of values were in full force. Clinical faculty members functioned as powerful members of district and state organizations with ancillary (albeit altruistic) commitments to the Department of Educational Administration. We chose an organizational socialization framework to analyze process and preliminary outcome data because it provided the most appropriate existing theoretical perspective on newcomers in established organizations.

While this framework assumes the adoption of some core values and behaviors on the part of new members, it does not assume that total adjustment or learning on the part of clinical faculty is appropriate for the "Best EdD" for advanced practitioners. Although thorough learning and acceptance of the existing culture through socialization may:

> always be immediately adjustive for an individual in that such learning will reduce the tension associated with entering an unfamiliar situation, such learning, in the long run, may not always be adaptive, since certain cultural forms may persist long after they have ceased to be of individual value. (Van Maanen & Schein, 1979, pp. 212-213)

The Department saw a need for the skills and knowledged possessed by the clinical faculty when the program was designed.

Tapping the Power of Context

Interaction on the job may be the most important factor in helping newcomers become effective members of work organizations (Louis, Posner & Power, 1983). The process can result in a range of outcomes from total internalization of the existing group culture to failure and exit. In the present study, the clinical faculty were not individual, totally isolated new members. From Scott's (1987, p. 16) adapted model of organization (from Leavitt, 1965), the clinical faculty as a group can be defined as a "partial organization," incorporating a patterned social structure consisting of similar norms, values, role expectations, and behaviors and common patterns of

activities, interactions, and sentiments. When this "partial organization" embodying a common set of individuals (i.e., clinical faculty) who share common experiences interacts with a primary organization (academic department and faculty), a hybrid form of organizational socialization can be predicted. Each individual clinical faculty member entered the primary organization not only with his or her own unique values and beliefs but with common or shared values, norms and beliefs that belong to the world of educational practice. The academic organization also exists within its own unique organizational culture. When these elements interact, mutual influence is likely and reciprocal socialization is likely to result (Moreland & Levine, 1982). Bandura (1978, p. 346) called this aspect of socialization "reciprocally interacting determinants." The influence of the clinical group on the academic group and vice versa, as well as the individual influence of each clinical faculty member on the academic group, are important aspects of the socialization process.

Two frameworks designed to facilitate inquiry into context provided guidance for this study. First, we accepted Schein's (1985) assertion that culture lies at the level of preconscious assumption but that two components of explicit organizational life -- (1) artifacts and creations and (2) values -- illuminate the pathway toward understanding the imbedded culture. Within these two major categories, we sought evidence. Under artifacts and creations, we looked for (a) technology -- how we do the work; (b) artistic or creative issues underlying the work; and (c) visible and audible behavior patterns. Under values, we sought (a) manifestations of values testable in the physical environment and (b) manifestations of values testable only by social consensus.

Artifacts and creations include visible and audible patterns of behavior, things that members of the culture continue to do often and without thinking. Patterns of routinized activities exist in all organizations which communicate information about the organization's values, beliefs, and ways of doing things (Ott, 1989). These things include written and spoken

language and jargon, office layouts, organizational structure, dress, technology, and beliefs about acceptable and unacceptable behavior.

Values encompass people's sense of "what ought to be, as distinct from what is" (Schein, 1985, p. 15). Values are conscious, affective desires or wants, things that are important to people. Beliefs also exist at this level of organizational culture. Beliefs are consciously held, cognitive views about truth and reality. They include ethos, philosophy, ideologies, attitudes, and ethical codes. If these espoused values (Argyris & Schon, 1978; Siehl & Martin, 1988) parallel values-in-use and become taken for granted, they gradually become underlying assumptions. At the level of values and beliefs, people communicate, explain, rationalize or justify what is said and done in the group. Through this process, they make sense of artifacts and creations.

Second, we applied three elements of organizational socialization to our analysis that dominate in the social psychological and business literature about organizational socialization. Each surfaces continually in studies of the process, each exerts influence over personal and organizational outcomes. These were: (1) context; (2) tactics; and (3) stages. Within these three major categories, we sought data that informed our understanding. For context, we looked at the personal and social factors. Tactics revealed (a) features exhibiting characteristics that were individual or collective, formal or informal; (b) specific content; and (c) processes occurring with or without the presence of role models. We looked for evidence that the process followed stages roughly like those revealed in previous analyses: (a) anticipation; (b) encounter or entry; and (c) adjustment or adaptation (Hart, 1991).

This study examined a unique organizational form of interaction between new members and the organization. While clinical faculty experienced a new work setting, it was by no means their most important work setting. They joined the department (albeit with the support of their districts and agencies) outside their usual work day, outside the core of work activities common to the academic faculty, and out side the work core of the Department. Unlike the

traditional adjunct faculty (contracted to teach a course or provide a particular service), the clinical faculty became ongoing partners in the Department, at least in connection with students enrolled in the EdD program. This condition set up a situation in which people who all were members of various organizations were the carriers of culture and context to the students.

Simultaneously, the Educational Administration Department sought to legitimately integrate, to change the fundamental disposition of its membership and orientation. In Thompson's (1967) words but in reverse, it exposed the technical core. It exposed its culture to the strong and contextually powerful forces of other work cultures, many of which academic faculty members believed to be antithetical to the culture that had led to the Department's success, hoping to create deliberate bridging mechanisms for students in passage.

Personal context

The personal context defined by research involves personality, skills, knowledge, experience, and rival organizational memberships. These include factors shaping responses to socialization experiences, because no single person in our culture brings the same mix of characteristics, experiences, and beliefs to a new organizational setting. Consequently, secondary socialization (Turner, 1990), is less determinate that primary socialization.

Personal features include talents, preferences, characteristics, thinking, and experiences. In the case at hand, these include the organizational norms and culture clinical professors bring with them from their primary work organizations. What role related experiences have they had that shape their beliefs about expertise in educational administration (Hall, 1987; Louis, 1980 a & b)? How have professional self-concepts changed as their values, intellectual function, and self-direction change with experience? (Brousseau, 1983). How do these beliefs affect their view of the Department as new members?

Social Context

The university represents the primary work organization for academic faculty; districts, the state office of education, and the state board of regents (higher education) are the primary work organizations of clinical faculty. While organizational socialization research usually examines the intersection between new members and one established organization, this paper examines the impacts of an intersection between at least two different, strong organizational cultures (See Figure 1). The context involves Department culture, university culture (PhD norms, need for excellence, notions of mediocrity, questions about a "good" or "excellent EdD), and the culture of practice. The contact and interaction in the intersecting human systems thus may be more complicated that a simple intersection between the Department and the field, although we began our study with this conceptualization.

The factors researchers identify that relate directly to the power of social context include such things as the organizational level, status, and power of new members; social system factors (i.e., similarity of members, frequency of interaction or contact, and tendency to interact with people like ourselves and limit frequency and intensity of contact with those who are different -- Gecas, 1981); and norms of interaction. These exert considerable influence, not always in the direction people expect. For example, contact does not necessarily breed tolerance and respect (Monane, 1967).

> The amount of communication among components, however, appears to have little impact in either setting or changing a system's emotional tone. Increases in association do not in themselves yield bounties of affection ;decreases do not necessarily deepen hostility. . . . What appears essential is not the amount of communication and interaction but the total system in which they operate: the components (including affect) of that system and the environment impinging upon it. (Monane, 1967, p. 59)

Tactics

In the introduction, we enumerated the categories of tactics revealed by research on organizational socialization. These included those that influence context, content, and sociality. We looked specifically for: (1) encounters that were personal versus those that were collective (and their impacts), those set up to be formal or informal (and their effects); (2) tactics shaping content -- What did we talk about? Role affirming or disaffirming for both clinical and academic faculty? In what settings? How controlled? What conflict is arising? and (3) sociality -- with or without role models.

This last category presented considerable challenge, because the literature provided ambivalent guidance. For example, role models form a major component of socialization tactics. Role models have benefits and disadvantages. While they guide behavior and limit ambiguity, they constrain options and limit creativity (Jones, 1986; Allen & Meyer, 1990). These effects became a focus of inquiry as was the original motivation of clinical faculty for participating (Pounder, 1992).

Stages

The stages through which newcomers pass during socialization provide one useful way to examine the social psychological process for newcomers and for the organization (Feldman, 1976; Schein, 1971; Van Maanen, 1975). Models incorporate from three (Van Maanen, 1975) to six (Wilson, 1984 in Bullis & Bach, 1989) stages that transform people from outsiders into functioning insiders (Bullis & Bach, 1989).

The first stage, anticipation, includes the period prior to the newcomer's actual entry into the organization. Planning and preparation occur. Newcomers develop expectations about their lives in the organization, and established members develop expectations about new members.

Encounter or entry includes the features of interaction and their impacts. Much cognitive and affective learning occurs critical in shaping the newcomer's long term orientation

to the organization. Demands on sense making depend on the amount of change, contrast and carry-over of ideas and people, and the level of surprise -- unmet positive and negative expectations. During this period reality shock confronts expectations juxtaposed against experience. Writers emphasize that stress and disorientation for new members often depend on the level of surprise. Newcomers must detach themselves from expectations, values, and behaviors that they discover are incongruous with their organization (Jablin & Krone, 1987).

The final stage of socialization comes under various labels -- adjustment, adaptation, accommodation, metamorphosis (Feldman, 1976; Jablin & Krone, 1987; Louis, 1980; Reichers, 1987). It involves the task of fitting in. Nicholson and West (1988) contend that the adjustment phase actually constitutes the organizational socialization (or its failure) at the work site. During this stage, newcomers come to be accepted like and to feel like insiders. Mentors and supervisors play a large part -- who's in charge here? In the present case, this question challenged all academic faculty, the degree/program director, the department chair.

This last stage can spark changes in personal identity or the organization, depending on the degree to which the new member is matched with the role (Watts, Short & Well, 1987). Outcomes include: 1) the newcomer is initiated into new job; 2) the newcomer is initiated into group of comrades and interpersonal relationships; 3) the group and newcomer come to agreement on how well the fit has occurred (Feldman, 1976; Nicholson & West, 1988).

Methodology

Data

A researcher who is not a member of the faculty gathered the data for the study. Data gathering covered five months during the fall of 1991 and winter of 1992. Data included 1) unstructured observations conducted during academic faculty meetings, 2) clinical faculty orientation and training sessions, 3) academic and clinical faculty meetings, and 4) documents from the department of educational administration office, and 5) interviews. Goal and mission statements, policies for Retention, Promotion and Tenure, course evaluation guidelines, and

Faculty Performance Profile procedures were analyzed. The researcher interviewed seven clinical faculty and ten academic faculty, all active participants in the formulation and implementation of the revised EdD program in the Department of Educational Administration.

Interview Procedures. Interviews provided the first source of data. An open-ended interview schedule consisting of ten questions for each faculty group--academic on-campus, and clinical off-campus was used. The interview schedule included probes that could generate more specific responses if necessary. Since the schedule was used as a guide for interviewing to assure that each participant was asked the same questions, questions were asked in different order, depending on antecedent responses. Individuals were interviewed at their own work site. All interviews were recorded on audio tape and later transcribed. To protect anonymity, all names and other identifying information were removed from the transcripts. An identification key remained in the control of the researcher who is not a member of the faculty. Blind interviews protecting the identity of respondents were of particular importance because the transcripts will be used for the program evaluation and in a number of research studies.

During the initial phase of the interview, the interviewer presented a general description of the research project without divulging information about the specific aims of the research or the socialization process. Subjects were asked to answer a series of questions about the nature of their work and about the revised EdD program. The interview questions or topics emerged deductively from the literature review, pilot interviewing, and consultation with faculty in educational administration. Questions concerning the artifacts, creations, values and norms were developed using Schein's (1985) hierarchical framework for identifying organizational cultures.

Interview questions probed the areas of (a) administrative and scholarly work, (b) purposes of obtaining a doctorate in educational administration, (c) configuration of a rigorous doctoral program, (d) motives driving the EdD program, (e) personal attitudes and perceptions

about the revised program, (f) roles and responsibilities for the program, and (g) the nature of research and a research university. Generally, the interview guides focused on how academic faculty and clinicians see their work, what values they attach to their work, what vocabulary or stories are used to describe their work, how they interpret their work, and what tensions or conflicts they see arising in their work due to the revised EdD program. Audio tapes of the interviews were transcribed verbatim.

Data Analysis. Data analysis followed established standards of rigor for qualitative research. The interview transcriptions, observation field notes, and documents provided the primary sources of data. A number of measures enhanced the reliability and validity of the study. First, multiple researchers analyzed the same data. Second, data came from multiple sources and perspectives. These data are preliminary, however, collected in the early stages of a complex process, and should be viewed as such.

First, we divided the transcripts and coded data using the conceptual categories previously developed in the research framework. Statements exemplifying artifacts, values, tactics, or stages, for example, were labeled on the transcripts or documents.

Second, we conducted a coding audit. We exchanged transcripts and documents and read the data, noting differences or omissions from the initial coding and suggesting additional categories that the preliminary coding neglected to encompass. As a result of this auditing process, we concluded that the framework based on organizational socialization and Schein's concepts of culture provided a useful analytical guide and so proceeded with the analysis.

Third, we reread and recoded the data. Data summary sheets for clinical and academic faculty provided the major source of references for this paper. Some modifications in the original framework conceptualizing the field and academic cultures as relatively homogenous resulted (See Figures).

One final aspect of the collection and analysis of the data should be mentioned. We collected data from individuals; therefore, the level is individual. However, we then grouped

the data at the organizational or department level and by categories (academic and clinical). This facilitated our analysis of the Department and practice cultures and also the individual differences that existed.

Findings

As we noted, the analysis of interviews and field notes that we undertook for this paper resulted in a modification of the frameworks with which we started. First, we found that the elements of culture identified by Schein with which we examined our data yielded a generally accepted department culture that differed somewhat from the generally accepted field or practitioner orientation. These are described below. The elements of intersection illustrated with a simple diagram (Figure 1) centered around the EdD and some misconceptions about academic departments in research universities emerged. Second, primary work organizations to which clinical professors belonged exhibited greater diversity than expected, resulting in the modifications represented by Figure 2. Individual clinical faculty members experience the department from different perspectives that reflect their own primary work roles and work organizations as much as their status as "clinical" or "practice" faculty. While a culture of practice emerged, so did individual differences. Finally, the academic faculty hold different values and personal preferences, even as they generally agree on the "Department's" culture. Faculty relatively new to the Department (at all ranks) express their perception of themselves as fully fledged insiders to varying degrees.

Department Culture

Artifacts and creations

Three categories of artifacts and creations help reveal the academic faculty's understanding of the Department culture. First, the technology of the Department whose faculty were successful researchers was clear. Across ranks and independent of time in membership, academic faculty identify the primary technology of the department as the production of research and subsequent publications in high visibility, high quality refereed journals and,

secondarily but also importantly, high quality teaching. The six years during which the Department edited Educational Administration Quarterly, the scholarly productivity of individual faculty members, and the frequent reference to research and publications surfaced in all academic faculty interviews. Faculty recounted stories about the refereed review system and personal experiences of success and failure to illustrate this aspect of the Department's culture. Stories about manuscription rejection play a prominent part.

While faculty agree that the artifact of scholarship dominates the Department's culture, they disagree about the relative desirability of this artifact. One faculty member called the faculty "obsessed with bibliographies." Others questioned whether they personally would (or wanted to) create sufficient "artifacts" to meet the expectations this culture placed on academic faculty members.

Concomitant with the prominence of publications as artifacts representing the Department's success, faculty identified artistic or creative issues underlying the work of publishing. They described the process of learning how scholarship comes to be valued and judged by other scholars, how reputations develop, and how faculty juggle the desire for integration with the broader world of successful scholarship while nurturing and developing creativity. The question of creativity emerged in two very different guises. First, faculty not yet completely integrated themselves, and new to the Department, questioned whether the Department's national stature and adherence to standards of rigor and achievement accepted in the scholarly community at large effectively stifled creativity. This concern is shared by faculty new to the Department (full time on the academic faculty for less than four years). It stretches across ranks and is not limited to assistant professors without tenure. One respondent, expressing his or her disapproval of colleagues' preoccupations with external affirmation from the world of scholarship describes his or her role in challenging these normative values, standards, or criteria as that of "academic guerrilla." Another worries that there is very clearly a "right and a wrong way of doing and writing up research."

Visible patterns of time use and audible patterns of story telling and naming and framing further illustrate the academic culture of the Department. We said earlier that teaching, as well as scholarship, was an important part of the technology of this department. One faculty member said that he or she found teaching to be much more important in this Department than in others in which he or she had worked. Student course evaluations received attention, student advising and dissertation work led to rewards and recognition in the Department, and a concern with students' needs represented by demands from the immediate education environment were identified by academic faculty as a primary motivator for the development of the EdD program that is the focus of this study.

Clinical faculty, too, told stories about the local demand for an advanced degree for working school administrators that met on a convenient schedule and required no leave of absence from full-time work. Clinical faculty were more adamant that academic faculty about the fundamental driving force behind the revision in curriculum, instruction, and requirements for the degree coming from field-driven, market demands. All the faculty told stories about this commitment to meeting the needs of the local education community being behind the scheduling of classes, the move to an afternoon and night school summer schedule (to accommodate year-round schools), and the development and organization of the degree, even as they continue to disagree about its relative promise and potential. Teaching schedules, course descriptions, and Department organization reflect these patterns.

Clinical faculty argued that quality products (in the form of students) represented a kind of artifact for the department. Said one, They want to have quality in their products and have a good base of experience ... and not just putting out numbers."

Values

Under values, we sought (a) manifestations of values testable in the physical environment and (b) manifestations of values testable only by social consensus. Operationalized and expressed values mirror the artifacts and creations discussed in the

preceding paragraphs. Physically manifest values included scholarship produced as refereed publications, nationally recognized books and chapters, and national reputations demonstrable in the Journal of Social Sciences Index by the citation of faculty members' work by other scholars. Faculty talked about their ratings on student course evaluations and the approbation of students and colleagues as manifestations of worth.

Social consensus provided other clues about values. The consensus is apparent that reputation reflecting the value of one's scholarship requires consistent and visible productivity. One faculty member told a story illustrating these manifestations in the negative. He or she had been invited to do some consulting in a rural school district in the state and expressed dismay at the cautious reaction of his or her colleagues to the news of this recognition. This faculty member felt that the universal response was to caution him or her not to let this kind of activity take up too much time, diverting him or her from the primary scholarly activity of research and publication (as opposed to consulting).

This consensus around scholarly productivity also caused concern about the level of effort required for the new program. Time surfaced in every interview -- academic and clinical -- and the time required for teaching, supervising, and especially organizing and coordinating the efforts of the faculty members bothers participants. The clinical faculty felt considerable conflict over absolute and symbolic time. Absolute time caused conflict over the total number of hours taken for activities, but clinical faculty said this was not a problem for them. It is a problem for academic faculty, who find cooperative, collaborative teaching, field supervised activities, heightened levels of individual consulting with students, and planning and communication demands eating up much of the time previously devoted to research and writing. Clinical faculty say the major time issue involves scheduling -- they will not or can not meet during regular working hours. Faculty meetings, planning sessions, meetings with students for seminars or individually should be, in their view, scheduled outside the "normal" working day as a matter of course. To a person, clinical faculty members express empathy

over the academic faculty's continued press for more daytime activities but varying levels of resistance to this press. While a few say they can schedule meetings with the academic faculty if given enough advanced notice, almost all of them in the course of the year have failed to make meetings, even when they say they will come. Important professional events or activities always cause these failures, but the interviews send a clear message -- when faculty responsibilities conflict with primary job responsibilities, the primary job always takes precedence. One clinical faculty member expressed frustration with getting the clinical faculty together: "I'd like to see all seven of us really come together and be willing to give our time, to find a set time, to meet with each other.... All of the stuff that you are gathering individually is fine, but until we bring it together as a group and synthesize our thinking..." the benefit will be limited. "Schedule is a tension and conflict. It's not just with the clinical and academic professors, it is the clinicals with ourselves," said another.

The clinical faculty shared perceptions in the community that the "university has been pretty much isolated from the districts," meaning the local districts, and that a change in this perception is "very wise." They want to see the "university get out in the field more and relate more to the problems at the districts and in the area." The conflicts this may cause are perceived by the clinical faculty as local versus national.

> They want to do research and be recognized nationally among their peers but it helps to be recognized locally by districts where you supply the administrators....

In short, the clinical faculty members see themselves as a knowledge resource and as a source of environmental legitimacy for the university, diminishing the impression of isolation. Isolation, then, emerges as a major negative value for both clinical and academic faculty. In a tremendous irony, the call for the elimination of isolation from the clinical faculty focuses on the university's immediately contiguous school district. These faculty see a department that

adheres to national standards, publishes in national and international journals, and identifies with external colleagues as an isolated department.

The academic faculty on the other hand see isolation in more global terms, perhaps a level of analysis problem. These faculty define the ultimate isolation as being isolated to a local referent -- intellectually, professionally, and personally. The clinical faculty, on the other hand, seem to define the universe as Utah or, at best, the intermountain west. At the same time, they too experience isolation as a level of analysis issue. Several clinical faculty said that their participation as faculty was a way to prevent their personal isolation, a way to move beyond their own bailiwicks and keep a "concept of what is happening beyond your own district office."

Clinical faculty share common perceptions about the Department's culture. They exhibit a degree of sophistication and understanding about the Department and universities in general -- refusing to generalize environment and culture to all universities. One said:

> I think it's different at every university... Like each school system or each class ... has its own way of functioning. I think we're quite blessed in this area to have major universities that function from a very, very different standpoint as far as values are concerned.

They also hold perceptions of the artifacts and values described in the preceding discussion. A few examples illustrate. First, clinical faculty generally believe that the Department devalues (or at best fails to highly value) teaching. This belief stands in direct conflict with the beliefs of the academic faculty:

> There is exceptionally little interest in doing a quality job in the classroom. Now don't misunderstand what I'm saying. I'm just talking in terms of spectrum view.... I think there has been a great interest in getting things published. The publish or perish issue is an extremely important issue.... [In teaching] no one really ever cares a great deal or pushes you hard, but they do worry if you don't

get appropriate publications in appropriate journals. It's not just a publication, it's in appropriate journals you must have your publications.

Second, the clinical faculty's view of the Department's view of rigor reveals some disdain:

> Big deal, if you have some information, we don't care what journal it's in. What difference does it make? Just because someone refereed it the way you wanted them to, that's something you did to perform rigor so that you can say this person is more valuable that this person, this person is more valuable than this person. So it's a creation of your own wonderful pecking order than works for you. But for the rest of the world, they kind of look, at it and think, "Oh, isn't that cute?"

This respondent argued that the Department's standards of rigor are a form of protectionism, like a guild, an attempt to retain control of knowledge and judgments of quality. Others argue that, at the University of Utah, "education is not the valued child."

Third, clinical faculty hold strong interpretations of the motives that led to the new doctorate. They attribute a great deal of influence to the environment:

> They [the Department] feel a need to connect under the current leadership with school systems. I think that's one of the driving forces behind it. I think [the dean] has been very, very concerned that there were not many connections between the public and the university, and I think she has worked vigorously during the period of time she's been there to try and develop some of those connections and communications.

Others made comments that affirm this belief. "Administrators want a doctorate and it becomes sort of a marketing issue .. you know, we need to deliver what people are asking for. If they want this kind of a degree, let's give them this kind of a degree." "I think they [the

Department] are saying through the program that has currently been started, that we would like to expand our image a little bit. I credit them, ... the dean or whoever, with risking that."

An academic faculty member echoed these perceptions, arguing that the choice of the chair reflected a faculty desire to move closer to the field of practice. This respondent expressed respect for that position as one approach to an educational administration department.

The very act of conducting this research and evaluation sparked some cynical comments that reflect the research perception of the Department's culture. For example, a clinical faculty member offered a "Catch 22:"

> I wonder if it [the program] represent a way to get some research money to test the program and to see if it really does produce a better program for students.... I just wonder if it represents a research situation for the university itself.

The same clinical faculty member assured the interviewer:

> I think the other motivation is that the professors within the university really want to have the best program they can, and they do that both for the program and the students and for their own professional advancement.

Clinical faculty identified tenure and promotion as the primary rewards available to academic faculty and "if one wants to be an academic professor in a research university, one must be active in research and writing, publishing."

This cynicism may result from a misconception about the University and the soft funding of research. Several clinical faculty talked about research in general as a source of revenue for the University:

> The research institution is really good because it develops grants and provides money for the institution to survive. I guess without it, you either bump up tuition to some exorbitant level or they go by the wayside.

The Culture of Practice

These perceptions of the Department were held to some degree by all clinical faculty. Some themes drawn from the above discussion about the culture of the Department can be compared with the same themes illustrative of a culture of practice. A diversity among clinical faculty also emerges in the interviews and field notes supportive of a less simple view of the Department's reform dilemma. These differences show up in individual clinical faculty (based on their past work experiences, personalities, roles and status, and talents) and in their different primary work organizations. The following discussion provides just a few illustrations from the data.

> Clinical faculty raised the issue of socialization themselves:
>
> All of that socialization process, in my opinion takes some time to build relationships (and this is the part that is difficult right now) is to build a relationship with the clinicals and the academic folks to continue to build trust, to know and value each other's role. What they do, I respect a great deal ... but also to have them understand what we do and what a demanding and intricate part that is.

Recognizing that they were newcomers, the clinical faculty express appreciation when the clinicals' ideas are heard and suggestions are incorporated into the structure of seminars.

Artifacts and Creations

The artifacts of the culture of practice clinical faculty describe revolve around the use of time, technology of action, the artistry of innovation, and behavior patterns reflecting busy schedules, long hours, and accessibility to those in their primary work organizations. These artifacts exert pressures more acutely on clinical faculty who are not CEOs or very near the top (deputy superintendents) of their own organizations.

First, the prevalence of conflict over time and commitments illustrates two different cultures intersecting around shared values but retaining critical differences. The interviews to

date support this view of two major cultures intersection around a few issues -- such as time and scheduling, primary loyalties, or the value of "practical activities." Clinical faculty recognize the "demands placed on us by our schedules." Another said:

> I don't want to call it sparring, but it is kind of like when boxers get in and they typically test each other out the first few rounds. I don't think that we are necessarily testing each other out and yet we are still trying to make sure we know what role we are supposed to play at the university level.

Acknowledging the Department's need for planning and careful adherence to University standards of program development and approval, clinical faculty nevertheless point out that they heard about the new EdD for a very long time before it became a reality. In contrast, they describe their own roles in education in action terms as "a facilitator for getting things accomplished ... actually putting the program together."

The nature of knowledge -- a core concept at universities -- presents a second source of cultural conflict between the two groups. The majority, though not all, of clinical faculty talked about knowledge as though it were situationally specific. For example, rather than using conceptual categories to explain knowledge, respondents describe kinds of tasks -- firing teachers, conflict over student assignments, changing high school boundaries, discipline problems. This could reflect a fundamental disagreement over of definitions. As one clinical professor said at one point, "I don't think 10% of the role of a principal ... or superintendent ... is dealing with the research orientation, theoretical or applied science." He or she then listed as major concerns of administration fundamental applied science concepts such as "human relationships, decision making ..., ... problem solving." This same clinical professor then enumerated challenges of leadership involving values, skills, behaviors and traits, human resource management themes, and the importance of specific knowledge combined with general skills.

Values

The clinical faculty's expressed values suggest a less homogenous culture of practice in this group than is the case in the manifestations of behaviors and activities illustrating artifacts. At the same time, evidence of conflict -- values they saw operationalized in the world of practice and others they felt the doctoral program should nurture -- emerged.

Values in practice

> One value -- details versus the big picture -- received considerable attention.
>
> They're managerial kind of people. They like the detail. They are not, in most instances, picked because of their creativity or because of their knowledge of why we're in business, which presents a very interesting problem for us down the trail....

The "real mission" of education was another value that often appears in the interviews. This mission involves education (curriculum and instruction) according to their espoused values, yet many clinical faculty feel their work lives are dominated by ancillary issues such as legal problems. One faculty member expressed in strong terms a disillusionment with the lack of a vision of success in education, a vision of direction.

> It's very difficult for a district to understand what focus is. School educational institutions ... generally have sort of wanted or felt the need to be all things to all people ... and haven't had a good feeling for how one focuses on issues, how one really defines where they ought to be....

In contrast, this respondent argued that the culture of practice focuses on success stories involving "that we got our reports in on time. We fired so many teachers...." Success and its meaning formed a third important value apparent in these data. "Success is something that I internalize" but "part of the learning from everyone else and not inventing the wheel." Another said that success stories focus on those things that have an impact on kids -- "getting achievement" so that kids can "become individuals in society and really contribute

positively." Still another remarked that success meant transferring leadership skills from one setting to another -- the ability to be successful in different contexts placing different demands on the administrator. The clinical faculty without prompting enumerated values worth nurturing in educational leaders:

> In instruction, we are looking for administrators who are very skilled ... creative ... having the ability to motivate people and what they know and what they don't know so that they would have an opportunity to move people ahead, to challenge them ... to help them see a variety of things that need to take place ... to change programs, restructure.

Another value, expertise, illustrates the lack of agreement on some core values among individual clinical faculty members. One said expertise involves someone who "has done their homework, is aware of the theory, aware of the practice, and aware of the place where those two things come together" according to the clinical faculty. They value the world of practice in which "one has the skill to take form from theory ... and apply it ... to put things into practice." Educational administration experts: (1) have a clear understanding of academic achievement by students; (2) balance activities with academics in schools; (3) manage students and faculty; and (4) work together with the public. Someone who has achieved a "very high degree of knowledge, of competence in a particular area.... One of the problems with school administration is that people are expected to be expert in too many areas."

Another point of view was that there "are no experts in educational administration ... because education is a people-oriented enterprise, and because people exist in different situations and expectations with limited resources. There isn't a single recipe or scientific way to get from point A to point B at every school or at every district." This viewpoint dominates the interviews of almost half the clinical professors who contended that "it takes a real special person ... to be an expert ... and still be a generalist.... You need to have experts in the system but you need generalists to be able to get all of those experts working together in harmony."

We don't ask them to "tell us the organizational behavior theory" that they subscribe to but rather "what do you do when a teacher comes in and slams her fist down on the table and says, 'Transfer this kid out of my class.'"

A second conflict, this time over the motivation of educational administrators seeking doctoral degrees, further illustrates the diversity among clinical faculty. One said the reason most people pursue a doctorate as "for the status", that "additional union card that makes them important in the world ... [and] a desire to move into a superintendency" or a form of "credentialling." Others with similar points of view also saw some positive aspects to this motivation, as it "sends a message of discipline and accomplishment."

An equal number of clinical faculty disagreed, arguing that an important, although sometimes secondary reason for pursuing doctoral study is "an internal desire to better themselves, to learn more." Those who held the more positive view (about half the clinical faculty) also felt advanced education would provide leadership and allow people to pursue professional goals -- "reform is a political byword and ... we're just spinning and spinning. I hope educational leaders can say here are some sound ways, principles, concepts, fundamentals ... keep trying to be creative ... [and provide] sound leadership.

Vigorous disagreements over appropriate definitions of research rigor and quality that exist between practice and the academy exist among the clinical faculty as well. Some feel that the academic faculty are overly concerned about this issue. "I don't know if just making something hard is what we're about ... [but] the idea is helping someone get the kind of skills that they can be productive in." They worry that the university has the "value that something ought to be hard in order to be valuable." Instead, there ought to be a "body of knowledge that's put together in such a way that one can acquire it."

Others disagree, puzzled that a doctorate of any kind would be necessary if it were not for the skills and experience related to research:

> I find it absolutely humorous, the interest that the university's had in talking about a practitioner kind of a doctorate as opposed to a theoretical kind of a doctorate.... I think that a person acquiring a doctorate should have the kind of skills associated with research and a practitioner kind of a doctorate, I don't find very useful, very helpful in the field or anywhere else. Research would indicate to us that the people with doctorates, in terms of practitioners, don't do any better than those who don't have them.... It seems to me that one of reasons you acquire a doctorate is so that you have the learning skills ... to be able to do the kind of research and thinking that makes it possible for us to improve our knowledge and have the opportunity to be able to develop something.

Clinical faculty who hold this view believe that "going through the experience of really doing some research that's substantive and makes a difference somewhere ... really put something new on line ... mesh and synthesize something and put it on line. Others agreed:

> reaching out and bringing field people together with university professors to try and promote a program that would bring the best of both worlds. I think it has to do with the possibilities for helping students ... really have exposure to in-depth **research**, to study theory related around educational administration and leadership, and then to have interaction and projects applying those skills and knowledge to field situations....

Also:

> research and theory need to be conducted and studies in-depth to the satisfaction of the Department. And at the same time, those of us that are field oriented must not gloss over than and must reinforce that position while trying to bridge what the students do to some real ... situations for those students.

And:

> as a practitioner you are going to be called on to do research in your job all the time and you don't write a paper on it and give it to a professional and get a grade on it but what you may do is write a bulletin for the community to read.... They more you learn how to do research, the more you learn how to be attuned to all of the things that influence a community.

Another clinical faculty summed up the general attitude, remarking that rigor combined core courses "that have to be plowed through" with theory in situ, making "theory come to life." The majority of the clinical faculty came down definitively on the side of rigorous work focused on research. The definition of research was the major issue left unresolved. Rigor includes a "good mixture of theoretical course work, understanding of leadership, understanding of instruction, finance, legal principles, and ... ethics. "I also believe that persons who are admitted to programs in Educational Administration should have had sufficient experience to bring that experience to the academic program."

Clinical faculty agreed on one core value -- a high commitment to working with people and understanding what motivates people. An educational administrator must be "capable of dealing well with people, demonstrates a knowledge and understanding of leadership, and how to motivate people." Time and again, faculty repeated that educational administrators must be compassionate, service-oriented people with good listening skills.

A telling finding from the clinical faculty interviews, the repeated expression of concern about rigor, focused particularly on the field research projects. One faculty said, "I don't think [the field project] has been rigorous" up to the present. The whole notion of field-based research seems poorly defined for all faculty -- clinical and academic -- characterized by a lack of accepted conventions of rigor. This fear over rigor does not single out the University of Utah. Another clinical faculty pointed out that other field-based programs with which he or she is personally familiar suffer the same challenges, failing to meet regularly, cutting corners,

gradually eroding, "a prime example of what can deteriorate in this kind of program if we are not careful in attending to [rigor]."

Context

As the preceding examples illustrate, the culture of the academy and the culture of practice were identifiable among all respondents. The degree of heterogeneity was greater than our original framework predicted, however.

Personal

The above example of commitment to research on the part of clinical faculty illustrates the personal differences. While a number of the faculty prefer research and see little motivation for a doctorate other than improved research and analysis skills, two said they had avoided the university when choosing an institution for their own educations for exactly that reason -- its research and theory orientation. Others talked about the need for rigorous, problem-based inquiry while falling short of a clear definition for this concept.

> The University of Utah is distinguished in this state because they are heavily involved in research, trying to expand the field of knowledge. I appreciate that role ... but it is a double edged sword.... Good research might help the field but the local constituents around in local districts may not even be interested in the research they are doing.... They research that hits the national journals may not be all that helpful or they may not even be that aware of it. Who cares? The dilemma is that a research university could become isolated from the local districts and become kind of an entity in and of itself... a little bit isolated.

Another clinical faculty member argued that the Department got "points" for research but not for training school administrators when national groups evaluate and assess reputation. This professor would like to hold academic professors accountable for whether others actually use their research and "also credit, point system, for working in collaborative situations."

Another repeated theme illuminates a personal factor bringing the clinical faculty together, one on which they agree. One called this value "psychic" income. Clinical faculty argued that "clinical faculty are really paid a lot through psychic income, which is some of the rewards of association and participation and addressing some of the problem issues" in the field of education.

Social Context

The clinical faculty saw the social context of the whole EdD experience in environmental terms rather than social interaction terms. Most said they would like to see "the school systems actively working with the universities so that we can't just stay back and say we'll do our own thing" and so that more research actually reaches the implementation stage.

> I'm pleased to the them do it [create and practice-oriented doctorate]. Quite frankly, that was not the perception I had of the University of Utah.... I considered the University of Utah at the time that I entered a doctoral program, but I chose not to apply because I had a perception, whether it's right or wrong ... that they were mostly research-theory oriented and at a distance from the public school scene.... There has to be a place where there's a lot of creativity and inquiry. But it must not be done in isolation.

But a great deal of ambiguity remains about what the role of clinical faculty is. One would like to make presentations in theory and research seminars about "my own theory" in "really a team teaching approach." Others feel more relaxed about their responsibility, comfortable to contribute when asked.

Unlike simpler times when organizations were less prolific, people in modern western cultures belong to multiple, powerful, sometimes competing organizations (Coleman, 1974). Where the priest, the lord, the guild, and the family defined organizational life and were, to some degree, nested organizations (the guild was accountable to the lord within the fief and the lord was accountable to the priest or bishop), our clinical professors all belong to many

organizations almost totally independent of each other. Their relationship with the Department of Educational Administration, while receiving the formal "support" of their superiors, exist in tandem at best with many other obligations.

In the discussion above, we noted that the social context for our data presented challenges unlike those we encountered in our reviews of literature. While the diagram presented in Figure 1 illustrates our original conceptualization of the dynamics we expected to encounter, it presents the experience in black and white terms -- field versus academics; research versus practice. Yet, many of the conflicts identified here are experienced in exaggerated form for the students. While student interview data were not systematically analyzed for this paper, faculty interviews and informal feedback from students suggest that students find the academic work and the rigors of field research more opprobrious and conflicts over central issues discussed here more acute than do clinical faculty. The students more frequently classify elements in simplistic ways than to the majority of faculty.

Tactics

The tactics used to socialize clinical faculty have for the most part been individual, informal, and unsequenced. The results are predictable: (1) high ambiguity; (2) highly uneven performance; (3) unexpected and creative contributions from new members; and (4) a slow pace of faculty integration. The role innovation on the part of clinical that might have occurred as a result of the structure of the socialization process seems as yet only a promise, perhaps in part as a result of sparse communication about responsibility and a desire to avoid stepping on toes.

Faculty autonomy comes into play here. While group oriented, formal socialization with specific goals in mind would alleviate the ambiguity and the diversity of outcomes, it also violates a central norm of academic departments -- faculty autonomy. While academic faculty are responsible for seminars -- the research and theory and the field-based research -- clinical faculty play a vital part and express confusion about expectations. The clinical faculty chose

to praise the academic faculty when their input was sought, designs reflected their suggestions, and communication was clear. This also places time and resources burdens for collaboration and communication on academic faculty in addition to the normal work load.

Stages

Data support the conclusion that the revision of the EdD degree, despite years of planning and preparation, is only beginning to move past the anticipation and into the encounter stage. Clinical and academic faculty alike are just entering into a mutual socialization process in which surprise and sense making dominate.

For example, all respondents identified points of conflict and negative surprises. Examples abound in the preceding sections. These fall into several general categories: (1) resources and costs, including time; (2) ambiguity and uncertainty about appropriate activities; and (3) disagreements about rigor and its meaning (a core value emerging in both sets of interviews). The portion of our inquiry devoted to stages for this paper left us with ambivalent feelings and ambiguous results. The major stages identified by organizational socialization researchers include anticipation, encounter and entry, and adjustment or adaptation (Hart, 1991).

Faculty generally expressed the belief that anticipation and encounter were over. When we looked carefully into the data, we found a complex set of personal and social factors defining encounter and adjustment in which we currently are embroiled. Central questions remain with which the group (clinical and academic together) continues to wrestle.

Conclusions

By way of preliminary conclusions, we find that the data support the following general statements:

1. The Department currently experiences pressures from a critical mass of newcomers, including academic and clinical faculty, that makes the organizational socialization of faculty problematic. The balance of influence may press more strongly on the

Department than on newcomers, fundamentally changing the Department as much or more than it changes any individual -- hence an interactive framework becomes more important.

2. The process of socialization remains in the early stages of encounter and adjustment, in part because of the limited amount of time and the limited critical mass of contact between the Department and clinical faculty.

3. Contradictory definitions of isolation and autonomy remain strong. The academic faculty see isolation in national and international terms. Research and the development of new and promising practices must stand the test of national review and be important on a field-wide basis (field meaning educational administration). Clinical faculty define isolation as minimal personal contact with the contiguous school systems and five of the seven explicitly disdain the national arena as remote and irrelevant.

4. A product of the Department (and an artifact of culture), research and publication, hold very different value and meaning for clinical faculty and for some of the academic faculty than they hold for the identified "Department Culture" and in college merit review and department retention, promotion, and tenure documents. The majority culture judges refereed and nationally recognized publications as indicators of high quality, rigorous, and valued scholarship. Clinical and some academic faculty see refereed publications as sources of revenue and personal aggrandizement of limited or no value to the University or to the immediate educational environment.

5. All faculty members value creativity. No standard definition of this value can as yet be found among the faculty.

6. Clinical faculty express greater degrees of conflict over the meaning of expertise than do academic faculty. They define it in terms that range from expert on all areas -- the generalist -- to condemnation of this definition and the commitment to expertise in specific areas of administration.

7. Conflict remains high over the values of rigor, expertise, creativity, products or valued outcomes, and research (field and theoretical). Major issues around which questions revolve include publications, teaching, and quality field research projects.

8. Time represents a core artifact or feature illustrating the interaction of the culture o the academy and the culture of practice. The way the university deals with time and the way organizations of practice deal with time differ significantly, and clinical faculty expect the university schedule to yield whenever conflicts arise. Additionally, clinical faculty all acknowledge that they have as yet not committed sufficiently to the EdD and their faculty roles to resolve any time conflicts in favor of the university. The never have all attended a single meeting; they have not developed a commitment to each other or relationships with each other independent of the academic faculty; and they all identify their failure to resolve this conflict as a major issue for them. Their primary work organizations continue to take precedence, even when they commit to the degree program on their calendars far in advance. Most of the clinical faculty have simply failed to appear even when they made commitments when conflicts arise. Students exhibit this same absolute pecking order of priorities -- work always comes first and the degree program is expected to yield with no penalty associated with the choice. Students who have been unable to resolve this conflict have dropped out of the program. (Two of the three who have dropped out identified this conflict in exit interviews. They failed to resolve their commitment to work with their own academic values and commitment to high quality scholarship. If they could not perform to the highest standards; they dropped out.)

9. The Department's social system, values, and core assumptions show signs of stress that reflect the depth and seriousness of the reform effort. Social resources may not be able to sustain the addition of new members each year as was originally proposed for clinical faculty. The original decision to add new clinical professors with each new

class needs to be reexamined, because it may leave them forever on the outskirts functioning as consultants rather than as faculty.

In the course of this inquiry, we came to see that professionals work in networks of organizations with proportional and changing impacts on their personal beliefs, values, and attitudes. Our data support the contention that the proliferation of organizations in modern cultures contributes to the individualization of interactions and outcomes by establishing complex and interactive contexts in which cultural expectations, beliefs, and values affect activities and outcomes (Simmel, 1955).

Our findings support the conjecture that, in an era of organizations, the individual may become the common denominator. In isolation from the philosophers of conscience from Sinclair Lewis to Karl Marx, individual conscience may triumph. The most startling conclusion of this study may be that it affirms the individualism of the Enlightenment.

This conclusion leads to another: The multiplicity of organizations to which individuals belong in modern western society may be as much a source of personal freedom as it is a source of stress. Coleman (1974) predicted that this proliferation of organizations creates alienation because of the loss of the nested, encompassing groups characteristic of earlier societies on which people could depend and which placed no conflicting demands upon them:

> The only corporate bodies were those -- the manor, the guild, the village -- which wholly contained their members, which had full authority and responsibility over them, and which had fixed relations to subordinate and superordinate corporate bodies in a hierarchical structure ... a fixed place and function in a rigid organic structure. (Coleman, 1974, p. 14-15)

This nested and secure place eventually developed into a state in which "persons no longer were the building blocks of which corporate bodies were constructed, no longer the elements of the corporate body. 'Positions' became those elements, and persons merely filled positions, with one person substitutable for another" (p. 36). Coleman attributes a "sense of

powerlessness" to this increase in "persons' interactions with large corporate actors" (p. 52). Our findings support a wholly different conclusion: The multiple organizations to which faculty belong actually increase individual discretion to vary, to choose, to assert freedom from pressure to conform ideationally and behaviorally. It brings with it the need to find ways to protect fundamental "cultural solutions worked out previously" (Van Maanen & Schein, 1979, p. 211) to the surface.

Academic departments of educational administration feel the pressure to become more adept at integrating empirical and theoretical knowledge with clinical knowledge. Yet, powerful practitioners may bring with them a unique set of values and expectations that threaten strong academic values and expectations, that call into question the "legitimating values of organized community life" and the ability of faculty to pass on these values to students and future faculty members. It is possible that the "institutionalized values that sustain and invigorate" academic institutions might be lost in adaptions and to other demands and values.

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